Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10750606

									10 130606					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL E	NTITY	OR		R THAN ENTITY		
TOTAL CLAIMS			28					RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FE	E 385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			28 minus 20= *		* 8			X\$ 9=		OR	X\$18=	.144		
INDEPENDENT CLAIMS			2 m	inus 3 =	*			 X43=		1	X86=	· /· · / _		
MULTIPLE DEPENDENT CLAIM PI			RESENT		<u> </u>			•		OR	· · · · · ·	 -		
* 16	the difference	in column 1 is	less than zero, enter "0" in			solumn 2	<u> </u>	-145=	<u> </u>	OR	+290=	- 11 C		
* If the difference in column 1 is less than zero, enter "0" in column 2						Т	OTAL		OR	TOTAL	914			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						(Column 3)	S	OTHER THAN SMALL ENTITY OR SMALL ENTITY						
		CLAIMS		HIGH		(COIDITITIS)				-		,		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	_	=	 >	(\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***	••	-	>	(43=		OR	X86=			
L		NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			145=	,	OR	+290=			
1	152				[~]	-0-4								
•	., ~	ADE	TOTAL	Ì	OR	TOTAL ADDIT. FEE								
ADDIT. FEE														
		CLAIMS	T	HIGHE		100,01,111,0)				1 r				
8		REMAINING		NUMB	ER	PRESENT	_		ADDI-			ADDI-		
Ż		AFTER		PREVIO		EXTRA	H	ATE	TIONAL	Ì	RATE	TIONAL		
AMENDMENT B		AMENDMENT		PAID F	ОН		-		FEE	ł	- 	FEE		
	Total	*	Minus	**	<u>.</u>	=	×	\$ 9=		OR	X\$18=			
	Independent	NTATION OF MI	Minus	***	CLAIN	=	×	43=	'	OR	X86=	.]		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=		OR	+290=			
								TOTAL		OR ,	TOTAL	•		
	٠						ADD	IT. FEE			ADDIT. FEE			
		(Column 1)		(Colum		(Column 3)								
ان	`	CLAIMS REMAINING		HIGHE NUMB		DDECENT		I	ADDI-		Ĩ	ADDI-		
E		AFTER		PRÉVIQ		PRESENT EXTRA	R	ATE	TIONAL		RATE	TIONAL		
		AMENDMENT	,	PAID F					FEE			FEE		
AMENDMENT C	Total	*	Minus	**		= .	X	9=		OR	X\$18=			
	Independent	*	Minus	***		=	X	43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OH				
							+1	45=	,	OR	+290=			
* 15	* If the _ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									~~ •	TOTAL			
** [4	the "Highest Nur	nber Previously Pa	id For IN THIS	S SPACE IN	acc than	20 enter "20 "		TOTAL		())~				
***	the "Highest Nur the "Highest Nur	nber Previously Pa mber Previously Pa ber Previously Paic	id For IN THIS id For IN THIS	S SPACE is	less than	3, enter "3."	ADDI	T. FEE			DDIT. FEE L			